

NSLP/SBP/SMP REPORT AND CLAIM FOR REIMBURSEMENT WORKSHEET

SECTION 1	Claim Period Covered (1) Record Sponsor Name, Sponsor Number and Address Below:			Membership Lunch and/or Milk (2)	Average Daily Attendance Lunch and/or Milk (3)	Number of Days Lunch/Milk Served (4)	ADP Lunch (5)	Membership Breakfast (6)	Average Daily Attendance Breakfast (7)	Number of Days Breakfast Served (8)	ADP Breakfast (9) Regular Needy	Number of Days Snack Served (10)	
	<div> <div>Month</div> <div>Year</div> </div>			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
	<div></div>			Opening Bank Balance (Reconciled) (11)	Bank Deposits (12)	Income Due (13)	Expenditures (14)	Unpaid Bills (15)	Computed Cash Position (16)	Closing Bank Balance (Reconciled) (17)			
	<div> <div>\$</div> <div></div> </div>			<div>+</div>	<div>\$</div> <div></div>	<div>+</div>	<div>\$</div> <div></div>	<div>-</div> <div></div>	<div>-</div> <div></div>	<div>=</div> <div></div>	<div></div>		
	<div></div>			Misc/A La Carte Sales (18)	Value of Inventory on Hand (19)	Approved FREE Students (20)	Approved REDUCED PRICE Students (21)						
	<div></div>			<div></div>	<div></div>	<div></div>	<div></div>						
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S E C T I O N 2	NATIONAL SCHOOL LUNCH PROGRAM (NSLP)				SCHOOL BREAKFAST PROGRAM (SBP)				SPECIAL MILK PROGRAM (SMP)				AFTER SCHOOL SNACK PROGRAM			
		Number Served	Rate	Reimbursement		Number Served	Rate	Reimbursement		Number Served	Rate	Reimbursement		Number Served	Rate	Reimbursement
	1. REIMBURSEMENT															
	a. Reduced Price	<input type="text"/>	____¢	\$ ____	Reduced	<input type="text"/>	____¢	\$ ____	Reduced	<input type="text"/>	____¢	\$ ____	Reduced	<input type="text"/>	____¢	\$ ____
	b. Free	<input type="text"/>	____¢	\$ ____	Free	<input type="text"/>	____¢	\$ ____	Free	<input type="text"/>	____¢	\$ ____	Free	<input type="text"/>	____¢	\$ ____
	c. Paid	<input type="text"/>	____¢	\$ ____	Paid	<input type="text"/>	____¢	\$ ____	Paid	<input type="text"/>	____¢	\$ ____	Paid	<input type="text"/>	____¢	\$ ____
	d. Total Served to Students	<input type="text"/>			Total	<input type="text"/>			Total	<input type="text"/>			Total	<input type="text"/>		
	Number of Schools	<input type="text"/>			Number of Schools	<input type="text"/>			Number of Schools	<input type="text"/>			Number of Schools	<input type="text"/>		
	2. TOTAL OF COLUMN		\$ ____													
	NEEDY BREAKFAST ONLY												AREA ELIGIBLE SNACKS			
	Reduced	<input type="text"/>	____¢	\$ ____	Reduced	<input type="text"/>	____¢	\$ ____	Reduced	<input type="text"/>	____¢	\$ ____	Reduced	<input type="text"/>	____¢	\$ ____
	Free	<input type="text"/>	____¢	\$ ____	Free	<input type="text"/>	____¢	\$ ____	Free	<input type="text"/>	____¢	\$ ____	Free	<input type="text"/>	____¢	\$ ____
	Paid	<input type="text"/>	____¢	\$ ____	Paid	<input type="text"/>	____¢	\$ ____	Paid	<input type="text"/>	____¢	\$ ____	Paid	<input type="text"/>	____¢	\$ ____
	Total	<input type="text"/>			Total	<input type="text"/>			Total	<input type="text"/>			Total	<input type="text"/>		
	Number of Schools	<input type="text"/>			Number of Schools	<input type="text"/>			Number of Schools	<input type="text"/>			Number of Schools	<input type="text"/>		
	TOTAL OF COLUMN			\$ ____	TOTAL OF COLUMN			\$ ____	TOTAL OF COLUMN			\$ ____	TOTAL OF COLUMN			\$ ____
	TOTAL REIMBURSEMENT \$ ____															

SECTION 3	LUNCH	BREAKFAST	AFTER SCHOOL SNACK	SPECIAL MILK	MISCELLANEOUS /A LA CARTE	TOTAL
	1. CASH FROM DAILY SALES					
	2. FEDERAL REIMBURSEMENT RECEIVED					
	3. OTHER INCOME					

SECTION 4	1. COST OF FOOD USED						
	2. COST OF DIRECT LABOR						
	3. EQUIPMENT DEPRECIATION						
	4. OTHER DIRECT COST						
	5. INDIRECT COST						
	6. VALUE OF DONATIONS						

<p>I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and that payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.</p>	<p>Signature of SFA Representative:</p>	<p>Title:</p>	<p>Date</p>	<p>Area Code & Telephone Number:</p>
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NSLP/SBP/SMP PROGRAMS

Instructions For Completing Report and Claim For Reimbursement Worksheet

Report data for one calendar month only. Amount of payment will be computed by State Agency using rates of reimbursement. Ensure that you round all amounts down to the nearest dollar and that the claim is signed.

All claims should be entered online (https://cdcbps.ky.gov/NHS_Main/entry) or faxed (502/564-8919) to the State Agency within 15 days of the close of the month (payments are processed at 12:00 am, if the 16th falls on week-end or state holiday, payment are processed on next business day). Print copy of claim for your records. Claims submitted after the due date must include a Corrective Action Plan (<http://nhs.ky.gov/nslp.htm>).

Section 1:

Sponsor Name, Sponsor Address and Sponsor Number are required for processing.

- Item (1) Enter two digit claim month and four digit year from the serving month.
- Item (2) Enter highest total of Lunch membership for serving month.
- Item (3) Enter Average Daily Attendance (ADA) for Lunch and/or Milk for serving month.
- Item (4) Enter number of days meals were served to eligible participants for month.
- Item (5) Enter Average Daily Participation (ADP) of Lunch served for month (calculated by dividing the total meals served by number of days served during month).
- Item (6) Enter total current Breakfast membership for serving month.
- Item (7) Enter Average Daily Attendance (ADA) for breakfast for serving month.
- Item (8) Enter total number of days Breakfast was served to eligible participants for month.
- Item (9) Enter Average Daily Participation (ADP) for Regular and Needy Breakfast served for month (calculated by dividing the total meals served by number of days served during month).
- Item (10) Enter total number of days Snacks were served for month.
- Item (11) Enter Opening Bank Balance (reconciled from previous month Closing Bank Balance).
- Item (12) Enter total Bank Deposits (Total from Section 3).
- Item (13) Enter Income Due (reimbursements not received and special function or contract meals that have not been paid). Private schools and RCCIs do not complete-enter zero (0).
- Item (14) Enter Expenditures (should match MUNIS Balance sheet).
*Private Schools and RCCIs – Expenditures should equal total bank deposits to arrive at a zero (0) Opening Bank Balance, Closing Bank Balance and Computed Cash Position.
- Item (15) Enter total amount of Unpaid Bills due for serving month (includes all invoices from current month). Private schools and RCCIs do not complete-enter zero (0).
- Item (16) Add Item 11, plus Item 12, plus Item 13, minus Item 14, minus Item 15 equals total.

- Item (17) Calculated by Item 11, plus Item 12, minus Item 14 equals total (should match MUNIS Balance sheet or bank statement).
- Item (18) Enter total number of items sold A La Carte.
- Item (19) Enter the total dollar value of the inventory from the Inventory Sheets.
- Item (20) Enter the highest number of approved Free students for the month.
- Item (21) Enter the highest number of approved Reduced students for the month.

Section 2:

National School Lunch Program (NSLP)

- Number 1a Enter total number of Reduced meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1b Enter total number of Free meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1c Enter total number of Paid meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1d Enter total number of Reduced, Free and Paid meals served to eligible participants for month.
- Number of Schools Enter total number of schools being claimed for month.

School Breakfast Program (SBP)

- Number 1a Enter total number of Reduced meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1b Enter total number of Free meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1c Enter total number of Paid meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1d Enter total number of Reduced, Free and Paid meals served to eligible participants for month.
- Number of Schools Enter total number of schools claimed for month.
*ONLINE REPORTING SYSTEM NOTE: If schools qualify for Needy Breakfast, enter total number served for Free and Reduced.

Special Milk Program (SMP)

- Number 1a Enter total number of Reduced milks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1b Enter total number of Free milks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1c Enter total number of Paid milks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
- Number 1d Enter total number of Reduced, Free and Paid milks served to eligible participants for month.
- Number of Schools Enter total number of schools claimed for month.

After School Snack Program

- Number 1a Enter total number of Reduced snacks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1b	Enter total number of Free snacks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
Number 1c	Enter total number of Paid snacks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
Number 1d	Enter total number of Reduced, Free and Paid snacks served to eligible participants for month.
Number of Schools	Enter total number of schools claimed for month.

Areas Eligible Snacks

Number 1b	Enter total number of Free snacks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)
Number 1d	Enter total number of Free snacks served to eligible participants for month.
Number of Schools	Enter total number of schools claimed for month. *ONLINE REPORTING SYSTEM NOTE: Enter under Area Eligible Snacks all Free snacks served.

Section 3

Lunch

Number 1.	Enter actual cash received for Lunch (found in monthly cash counts from serving line or D-4).
Number 2.	Enter any Federal reimbursement received in current month (LEA Voucher).
Number 3.	Enter any income allocated from D-4b (interest, and state matching funds) and contract meals.

Breakfast

Number 1.	Enter total amount from actual cash received for Breakfast (found in monthly cash counts from serving line or D-4).
Number 2.	Enter any Federal reimbursement received in current month (LEA Voucher).
Number 3.	Enter any income allocated from D-4b (interest, and state matching funds).

Miscellaneous/A La Carte

Number 1.	Enter total amount from actual cash received for A La Carte sales (found in monthly cash counts from serving line or D-4).
Number 3.	Enter any income allocated from D-4b (other monthly income to be allocated) plus contract meals, special functions, Summer Feeding Reimbursement, and Fresh Fruit and Vegetable Reimbursement.

Total

Number 1.	Add Cash From Daily Sales Lunch, Breakfast, After School Snack, Special Milk, and Miscellaneous/A La Carte - enter total.
Number 2.	Add Federal Reimbursement Received Lunch, Breakfast, After School Snack, and Special Milk - enter total.

Number 3. Add Other Income Lunch, Breakfast and Miscellaneous/A La Carte - enter total.

Section 4

Lunch

Number 1. Enter total from D-9a to allocate cost for Lunch.
Number 2. Enter total from D-9a to allocate cost for Lunch.
Number 3. Enter total from D-9a to allocate cost for Lunch.
Number 4. Enter total from D-9a to allocate cost for Lunch.
Number 5. Enter total from D-9a to allocate cost for Lunch.
Number 6. Enter total from D-9a to allocate cost for Lunch.

Breakfast

Number 1. Enter total from D-9a to allocate cost for Breakfast.
Number 2. Enter total from D-9a to allocate cost for Breakfast.
Number 3. Enter total from D-9a to allocate cost for Breakfast.
Number 4. Enter total from D-9a to allocate cost for Breakfast.
Number 5. Enter total from D-9a to allocate cost for Breakfast.
Number 6. Enter total from D-9a to allocate cost for Breakfast.

After School Snack

Number 1. Subtract total cost of snacks from cost of food used enter total

Special Milk

Number 1. Enter cost of milk purchased for month for Special Milk Program.

Miscellaneous/A La Carte

Number 1. Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 2. Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 3. Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 4. Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 5. Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 6. Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.

Total

Number 1. Enter total cost of food used (must equal Lunch, Breakfast, After School Snacks and Miscellaneous/A La Carte claimed).
Number 2. Enter total cost of direct labor (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).
Number 3. Enter total cost equipment depreciation (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).
Number 4. Enter total amount of other direct costs (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).
Number 5. Enter total amount of indirect costs (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).

Number 6. Enter total amount and/or value of donations received (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).

Representative must sign, enter title, date and telephone number.

NOTES:

1. Section 3 must equal bank deposits (Item 12). This section may be revised and recalculated if you have not received your total monthly financial information by the 15th of the month. The financial information must reflect your true total monthly amounts by the 30th of the month and must be faxed to the attention of the Help Desk at (502) 564-5519.
2. Section 4 must contain at least a one (1) in Cost of Food used to avoid a fatal status that will not allow a claim to be processed. All other areas in Section 4 may contain zeros (0) if you do not have your total amounts for this section by the 15th. This amount (as well as any other amounts in Section 4) may be revised when the total amount of cost for the month have been received.
3. Errors in any of the other Sections of the claim will result in a fatal status when entering the claim for the first time. In order for a claim to pay, all errors must be corrected to achieve an Unpaid Status (Status: U). A claim will pay meal reimbursement if the bank deposits equal total of Section 3 and a least a number one (1) in Cost of Food Used in Section 4. These numbers do not have to accurately reflect the monthly total.
4. Correction(s) to the claim are due by the 30th of each month. Any corrections must be accompanied by a Corrective Action Plan (<http://nhs.ky.gov/nsfp.htm>).